1274308

FORM D

RECEIVED 2003

NO. 156 SINC. P.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL             |              |  |  |  |  |  |  |
|--------------------------|--------------|--|--|--|--|--|--|
| OMB Number:              | 3235-0076    |  |  |  |  |  |  |
| Expires:                 | May 31, 2005 |  |  |  |  |  |  |
| Estimated average burden |              |  |  |  |  |  |  |
| hours per response 16.00 |              |  |  |  |  |  |  |

| SEC USE ONLY  |  |        |  |  |  |
|---------------|--|--------|--|--|--|
| Prefix        |  | Serial |  |  |  |
|               |  |        |  |  |  |
| DATE RECEIVED |  |        |  |  |  |
|               |  |        |  |  |  |

| Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Units of Limited Partnership Interests in AL Group #3, LP         |   |  |  |  |  |
|--|---|--|--|--|--|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 X Rule 506 Section 4(6)  Type of Filing: X New Filing Amendment                                     | ULOE .  |  |  |  |  |
| A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  |   |  |  |  |  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  AL Group #3, LP  | 03043054  |  |  |  |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code)  | Telephone Number (Including Area Code)              |  |  |  |  |
| 26 Columbia Street, Bangor, ME 04401 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | 207-947-0534 Telephone Number (Including Area Code) |  |  |  |  |
| Brief Description of Business  Manufacture and sale of Biometric identification devices  | PROCESSED   |  |  |  |  |
| business trust   limited partnership, to be formed   | olease specify): DEC 2 9 2003                       |  |  |  |  |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)  | nated:  |  |  |  |  |
| GENERAL INSTRUCTIONS   |   |  |  |  |  |

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

| A. BASIC IDENTIFICATION DATA  |
|---|
| 2. Enter the information requested for the following:   |
| <ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>   |
| • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. |
| • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and                         |
| • Each general and managing partner of partnership issuers.   |
| Check Box(es) that Apply:   |
| Adams, Thatcher M., Jr. (managing partner of general partner)   |
| Full Name (Last name first, if individual)  |
| 26 Columbia St., Bangor, ME 04401   |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |
|   |
| Check Box(es) that Apply: Promoter  Beneficial Owner  Executive Officer  Director  General and/or   |
| Kozlay, Douglas E. (director and CEO of general partner of affiliated company   |
| Full Name (Last name first, if individual)  |
| 9475 Deerco Road, Suite 410, Timonium, MD 21093   |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |
|   |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or   |
| Hunt, Ira A., Jr. (director of general partner of affiliated company)   |
| Full Name (Last name first, if individual)  |
| 9475 Deerco Road, Suite 410, Timonium, MD 21093   |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |
| Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer X Director General and/or   |
| Hochstein, John (director and VP of general partner of affiliated company)  |
| Full Name (Last name first, if individual)  |
| 9475 Deerco Road, Suite 410, Timonium, MD 21093   |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |
|   |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or AL Group #4 (general partner of issuer)                         |
| Full Name (Last name first, if individual)  |
| 26 Columbia St., Bangor, ME 04401   |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or   |
| Biometric Associates, Inc. (general partner of affiliated company)  |
| Full Name (Last name first, if individual)  |
| 9475 Deerco Road, Suite 410, Timonium, MD 21093   |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or   |
| Managing Partner  |
| Full Name (Last name first, if individual)  |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |
|   |

|   |  |             |                           | e e e e e e e e e e e e e e e e e e e | B. I         | NFORMAT                                 | ION ABOU      | T OFFERI     | ٧G         |   |   |                  |          |  |
|---|--|-------------|---------------------------|---------------------------------------|--------------|---|---------------|--------------|------------|---|---|------------------|----------|--|
| 1.  | Has the  | issuer solo | d, or does th             | he issuer i                           | ntend to se  | ell, to non-a                           | accredited    | investors in | this offer | ing?                                    |   | Yes              | No       |  |
|   | Answer also in Appendix, Column 2, if filing under ULOE. |             |                           |                                       |              |   |               |              |            |   |   | _                |          |  |
| 2.  | (  |             |                           |                                       |              |   |               |              |            |   | \$ 25                                   | \$ <u>25,000</u> |          |  |
|   |  |             |                           |                                       |              | •                                       | •             |              |            |   |   | Yes              | No       |  |
| 3.  | Does th  | e offering  | permit join               | t ownersh                             | ip of a sing | gle unit?                               | •••••••       | •••••        |            | *************************************** |   |                  | X        |  |
|   |  |             |                           |                                       |              |   |               |              |            |   | ne offering.<br>with a state            | :                |          |  |
| Full  |  |             | first, if indi<br>h Finan |                                       | letwork      | (                                       | various       | associ       | ated p     | ersons                                  | )                                       |                  |          |  |
| Business or Residence Address (Number and Street, City, State, Zip Code) 29 Sawyer Rd., One University Office Park, Waltham, MA 02453 |  |             |                           |                                       |              |   |               |              |            |   |   |                  |          |  |
| Nam   | e of Ass   | ociated Br  | oker or De                | aler                                  |              |   |               |              |            |   |   |                  |          |  |
| . <u>C.</u>   | a la 1321  | ich D-      | Tiga-3 YF                 | . Call.ir                             | Lan Test     | to E-11 11                              | Done !-       |              |            | . <del></del>                           |   |                  |          |  |
|   |  |             | Listed Has                |                                       |              |   |               |              |            |   |   |                  |          |  |
| •   | (Check   | "All States | or check                  | individua                             | States)      | ***************                         |               | •••••        |            |   |   | ∐ Al             | l States |  |
|   | AL   | AK          | AZ                        | AR                                    | CA           | CO                                      | XCT]          | DE           | DC         | FL                                      | GA                                      | HI               | ID       |  |
|   | IL   | IN IN       | IA                        | KS                                    | KY           | LA                                      | ME            | MD           | MA         | MI                                      | MN                                      | MS               | MO       |  |
|   | MT   | NE          | NV<br>VV                  | NH                                    | NJ           | NM                                      | NY            | NC<br>VA     | ND         | OH                                      | OK D                                    | OR               | PA       |  |
| l   | RI   | SC          | SD                        | TN                                    | TX           | ŪT                                      | VT            | VA           | WA         | WV                                      | WI                                      | WY               | PR       |  |
| Full  | Name (I  | Last name   | first, if indi            | vidual)                               |              |   |               |              |            |   |   |                  |          |  |
|   | Brown  | ı, Lind     | on S.,                    | II                                    |              |   |               |              |            |   |   |                  |          |  |
| Busin   |  |             | Address (N                |                                       |              |   |               |              |            |   |   |                  |          |  |
| Mana  | Une N  | derchan     | t Plaza                   | , Suit                                | e 601,       | Bangor                                  | , ME 04       | 401          |            |   | - · · · · · · · · · · · · · · · · · · · |                  |          |  |
| Name  | e 01 ASS   | ocialed br  | oker or Dea               | aici                                  |              |   |               |              |            |   |   |                  |          |  |
| State   | s in Wh  | ich Person  | Listed Has                | Solicited                             | or Intends   | to Solicit                              | Purchasers    |              |            |   |   |                  |          |  |
| (   | (Check   | "All States | " or check                | individual                            | States)      | *************************************** |               |              |            | • | ••••                                    |                  | States   |  |
| _   | ·<br>  |             |                           |                                       |              |   | <u></u>       |              |            |   |   |                  |          |  |
|   | AL   | [AK]        | AZ                        | AR                                    | [CA]         | CO                                      | PCT<br>Market | DE           | [DC]       | FL                                      | GA                                      | HI               | [ID]     |  |
|   | IL   | IN I        | [IA]                      | KS                                    | KY           | LA                                      | ME            | MD           | MA         | MI                                      | MN                                      | MS<br>OR         | MO       |  |
|   | MT<br>RI   | NE<br>SC    | NV<br>SD                  | (NH)                                  | NJ<br>TX     | NM<br>UT                                | NY<br>VT      | NC<br>VA     | ND<br>WA   | OH<br>WV                                | OK<br>WI                                | WY               | PA<br>PR |  |
|   |  |             | first, if indi            |                                       |              |   |               |              |            |   |   |                  |          |  |
|   |  |             |                           |                                       |              |   |               |              |            |   |   |                  |          |  |
| Busin   | ness or  | Residence   | Address (N                | lumber an                             | d Street, C  | ity, State, 2                           | Zip Code)     |              |            |   |   |                  |          |  |
| Name  | of Ass   | ociated Br  | oker or Dea               | aler                                  |              |   |               |              |            |   |   |                  |          |  |
| 1141111   | 017133   | ociated Bi  | oker or ber               | 1101                                  |              |   |               |              |            |   |   |                  |          |  |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  |  |             |                           |                                       |              |   |               |              |            |   |   |                  |          |  |
| (Check "All States" or check individual States)   |  |             |                           |                                       |              |   |               |              |            | States                                  |   |                  |          |  |
| [   | AL   | ĀK          | AZ                        | AR                                    | CA           | CO                                      | CT            | DE           | DC         | FL                                      | GA                                      | HI               | ID       |  |
|   |  |             |                           | [KS]                                  | KY           | LA                                      | ME            | MD           | MA         | MI                                      | MN                                      | MS               | MO       |  |
| [   | IL   | IN          | IA                        | [V2]                                  | 17.1         | 1011                                    |               | <u> </u>     |            |   |   |                  | 1        |  |
|   | IL<br>MT<br>RI   | NE<br>SC    | NV<br>SD                  | NH<br>TN                              | NJ<br>TX     | NM<br>UT                                | NY<br>VT      | NC<br>VA     | ND<br>WA   | OH<br>WV                                | OK<br>WI                                | OR<br>WY         | PA<br>PR |  |

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Type of Security Offering Price Sold Common Preferred Convertible Securities (including warrants) ...... Partnership Interests \$\(\frac{12.755.000}{2.755.000} \\$ 300.000★ ) ......\$ Other (Specify Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases 11 250,000\* Accredited Investors \_\_\_\_\_\_\_\_ Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505 ..... Regulation A Rule 504 Total ..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs.... 45,000 Legal Fees 0 Accounting Fees Engineering Fees 255,000 Sales Commissions (specify finders' fees separately).....

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305,000

Other Expenses (identify) \_\_\_\_\_photocopies and miscellaneous charges.....

Total .....

<sup>\*</sup>Includes units that were the subject of a rescission offer.

|              | C. OFFERING PRICE, NUMBER OF INVES  | TORS EXPENSES AND USE OF D   | POCEED                                  | c i                    |                  |  |
|--------------|---|--|---|------------------------|------------------|--|
|              | b. Enter the difference between the aggregate offering price given i and total expenses furnished in response to Part C — Question 4.a. T proceeds to the issuer."  | n response to Part C — Question 1<br>his difference is the "adjusted gross |   |                        | \$ <u>2,45</u> 0 | 0,000  |
| i.           | Indicate below the amount of the adjusted gross proceed to the issue each of the purposes shown. If the amount for any purpose is no check the box to the left of the estimate. The total of the payments his proceeds to the issuer set forth in response to Part C — Question | et known, furnish an estimate and isted must equal the adjusted gross      |   |                        |                  |  |
|              | (Estimated paymoll - Year 1)  |  | Paymer<br>Office<br>Director<br>Affilia | ers,<br>ors, &<br>ites | Ó                | ments to   |
|              | Salaries and fees (Estimated payroll - Year 1)  | 4  | 7                                       |                        | <b>対</b> \$_5    |  |
|              | Purchase of real estate   |  | ] \$                                    | _0_                    | □ \$             | 0  |
|              | Purchase, rental or leasing and installation of machinery and equipment   |  | ٦ ډ                                     | 0                      | X \$ 20          | 00.000   |
|              | Construction or leasing of plant buildings and facilities   | _  |   |                        |                  | 00.000   |
|              | Acquisition of other businesses (including the value of securities offering that may be used in exchange for the assets or securities   | involved in this of another  | _                                       | -                      |                  | <del>//                                   </del> |
|              | issuer pursuant to a merger)  Repayment of indebtedness (Rescission offer)  |  | ] \$                                    | 0                      | □ \$_ <u>~</u>   | 0  |
|              | Repayment of indebtedness   |  | ]\$                                     |                        | X \$ 24          |  |
|              | Working capital (Excluding projected revenues)  |  |   |                        |                  |  |
|              | Other (specify): (Product development, less wages   | and salaries) [  | ] \$                                    | 0                      | X \$_5           | 0,000  |
|              |   | · · · · · · · · · · · · · · · · · · ·                                      | ]\$                                     | 0                      | \$               | 0  |
|              | Column Totals   |  |   |                        | X \$2            | 185,000  |
|              | Total Payments Listed (column totals added)   | - 1  | ⊋\$ <u>2,</u> 4                         | 450,000                |                  |  |
| 77.)<br>66.8 | D. FEDERA   | L SIGNATURE  |   | Name of the second     |                  |  |
| igi          | e issuer has duly caused this notice to be signed by the undersigned du<br>nature constitutes an undertaking by the issuer to furnish to the U.S.<br>information furnished by the issuer to any non-accredited investor   | Securities and Exchange Commiss  | ion, upor                               |                        |                  |  |
| ssı          | uer (Print or Type) Signature   |  | ate                                     |                        |                  |  |
| Αl           | L Group #3, LP  |  | /Z-                                     | 77.                    | 03               |  |
| laı          | me of Signer (Print or Type) Title of Signer  | r (Print or Type)  |   |                        |                  |  |
| Tr           | natcher M. Adams, Jr. Managing P  | artner of General Partner  |   |                        |                  |  |
|              |   |  |   |                        |                  |  |